

## Health Technology Clinical Committee

**Date:** March 21, 2014  
**Time:** 8:00 am – 5:00 pm  
**Location:** SeaTac Airport Conference Center  
**Adopted:** May 16, 2014

Meeting materials and transcript are available on the HTA website at:

<http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx>

### HTCC MINUTES

**Members Present:** C. Craig Blackmore, MD, MPH; Marie-Annette Brown, PhD, RN; Joann Elmore, MD MPH; David McCulloch, MD; Carson E. Odegard, DC, MPH; Richard C. Phillips, MD, MS, MPH; Seth Schwartz, MD, MPH; Michelle Simon, PhD, ND; Michael Souter, MB, Ch-B, DA, Christopher Standaert, MD; Kevin Walsh, MD

### HTCC FORMAL ACTION

- 1. Call to Order:** Dr. Blackmore, Chair, called the meeting to order. Sufficient members were present to constitute a quorum.
- 2. November 15, 2013, Meeting Minutes:** Chair referred members to the draft minutes; motion to approve and second, and adopted by the committee.

*Action:* Ten committee members approved the November 15, 2013 meeting minutes. One member was absent.

- 3. Hyaluronic Acid/ Viscosupplementation Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion. Three comments were received on the draft decision.

*Action:* Six committee members approved the Hyaluronic Acid/ Viscosupplementation Findings & Decision document. Five members disapproved.

- 4. Hip Resurfacing Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion. No comments were received on the draft decision.

*Action:* Eleven committee members approved the Hip Resurfacing Findings & Decision document.

- 5. Nonpharmacological Treatments for Treatment-resistant Depression**

**Scheduled and Open Public Comments:** The Chair called for public comments. Open public comments were presented by:

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- John Neumaier, MD, PhD
- Anna Borisovskaya, MD
- Farrokh Farrokhi, MD, Vice President, WA State Association of Neurological Surgeon Vice President, WA State Association of Neurological Surgeons
- Mercy Yule, EAMP

Presentation materials and conflict of interest forms are available with [March 21, meeting materials](#).

**Agency Utilization and Outcomes:**

Charissa Fotinos, MD, MSc, Deputy Chief Medical Director, WA Health Care Authority presented the state agency utilization rates for Nonpharmacological Treatments for Treatment-resistant Depression to the committee. The full presentation is published with [March 21, meeting materials](#).

**Vendor Report and HTCC Q & A:**

The Chair introduced the clinical expert for Nonpharmacological Treatments for Treatment-resistant Depression, David H. Avery, MD, Professor Emeritus, University of Washington School of Medicine.

Teresa L. Rogstad, MPH, of Hayes, Inc, presented the evidence review addressing Nonpharmacological Treatments for Treatment-resistant Depression. The full presentation is published with [March 21, meeting materials](#).

**Committee Discussion and Decision:**

The HTCC reviewed and considered the Nonpharmacological Treatments for Treatment-resistant Depression technology assessment report and information provided by the state agencies. They also heard comments from the evidence reviewer, the clinical expert, the public, and agency medical directors. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. [See transcript for full committee deliberations.]

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Electroconvulsive Therapy	0	10	1
Repetitive Transcranial Magnetic Stimulation	0	9	2
Deep Brain Stimulation	11	0	0
Transcranial Direct Current Stimulation	11	0	0

**Discussion**

The committee determined a vote of coverage for electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (RTMS), each without conditions. The committee discussed the application of this determination for only treatment-resistant depression of condition as this was the defined scope of the review.

**Limitations of Coverage:**

Electroconvulsive Therapy is a **covered benefit**.

Repetitive Transcranial Magnetic Stimulation is a **covered benefit**.

**Non-Covered Indicators:**

Deep Brain Stimulation is **not covered**.

Transcranial Direct Current Stimulation is **not covered**.

**Action**

The committee checked for availability of a Medicare coverage decision. CMS does not have a national coverage determination (NCD) for Electroconvulsive Therapy, Repetitive Transcranial Magnetic Stimulation, Transcranial Direct Current Stimulation or Deep Brain Stimulation. The committee reviewed selected payer policies for Aetna, Oregon Health Evidence Review Commission and the New England Comparative Effectiveness Public Advisory Council. The committee also reviewed practice guidelines from The American Psychiatric Association, Canadian Network for Mood and Anxiety Treatments, Institute for Clinical Systems Improvement, National Institute for Health and Care Excellence and Veteran's Affairs and the Department of Defense.

The committee Chair directed HTA staff to prepare a Findings and Decision document on Nonpharmacological Treatments for Treatment-resistant Depression reflective of the majority vote for final approval at the next public meeting.

**6. Facet Neurotomy**

Scheduled and Open Public Comments: The Chair called for public comments. Open public comments were presented by:

- Paul Dreyfuss, MD, EvergreenHealth Sport & Spine Care
- Alison Stout, DO, EvergreenHealth Sport & Spine Care
- Ryan Zehnder, MD, EvergreenHealth Sport & Spine Care
- Brandon Messerli, DO, EvergreenHealth Sport & Spine Care
- Doug Burns, MD, EvergreenHealth Sport & Spine Care
- Kevin VorenKamp, MD, Virginia Mason Medical Center

Presentation materials and conflict of interest forms are available with [March 21, meeting materials](#).

**Agency Utilization and Outcomes:**

Gary Franklin, MD, MPH, Medical Director, and Lee Glass, MD, JD, Associate Medical Director, both of WA Department of Labor and Industries presented the state agency utilization rates for Facet Neurotomy to the committee. The full presentation is published with [March 21, meeting materials](#).

**Vendor Report and HTCC Q & A**

Clinical expert, Jason G. Attaman, DO, FAAPMR, was introduced by the Chair.

Robin Hashimoto, PhD, of Spectrum Research, Inc, presented the evidence review addressing Facet Neurotomy. The full presentation is published with [March 21, meeting materials](#).

**Committee Discussion and Decision:**

The HTCC reviewed and considered the Facet Neurotomy evidence review report and information provided by the state agencies. They also heard comments from the evidence reviewer, the clinical expert, the public, and agency medical directors. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. [See transcript for full committee deliberations.]

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Facet Neurotomy, Cervical C3/4 thru C6/7	4	0	7
Facet Neurotomy, Thoracic	11	0	0
Facet Neurotomy, Lumbar	4	0	7
Facet Neurotomy, Cervical spine for headache	10	0	1

**Limitations of Coverage:**

Lumbar Facet Neurotomy is a **covered benefit with conditions:**

- Patients over 17 years of age
- At least six months of continuous low back pain referable to the facet joint
- Non-radicular pain
- Unresponsive to other therapies/ failure of conservative therapies
- No other clear structural cause of back pain
- No other pain syndrome affecting the spine
- Patient selected by 80% improvement in pain after each of two differential medial branch blocks, one short-acting; one long-acting
- One or two joints per each intervention, with documented, clinically significant improvement in pain and/or function for six months before further neurotomy.

Cervical Facet Neurotomy for cervical pain is a **covered benefit with conditions:**

- Patients over 17 years of age
- At least six months of continuous neck pain referable to the facet joint
- Non-radicular
- Unresponsive to other therapies/ failure of conservative therapies

**Final**

- No other clear structural cause of neck pain
- No other pain syndrome affecting the spine
- Patient selected by 100% improvement in pain after each of two differential medial branch blocks, one short-acting; one long-acting
- One joint per each intervention, with documented, clinically significant improvement in pain and/or function for six months before further neurotomy.

**Non-Covered Indicators:**

Thoracic Facet Neurotomy **is not covered.**

Cervical Facet Neurotomy for headache **is not covered.**

***Action***

The committee checked for availability of a Medicare coverage decision. CMS does not have a national coverage determination (NCD) for Facet Neurotomy. The committee reviewed selected payer coverage policies from Aetna, Cigna and Health Net. The committee also reviewed practice guidelines from The American Pain Society, National Institute for Health and Clinical Excellence/ National Collaborating Centre for Primary Care, American College of Occupational and Environmental Medicine; American Society of Interventional Pain Physicians; Colorado Division of Workers' Compensation, American College of Occupational and Environmental Medicine, Institute of Health Economics, Work Loss Data Institute, Institute for Clinical Systems Improvement and American Society of Regional Anesthesia and Pain Medicine.

The Chair directed HTA staff to prepare a draft coverage determination document for the topic.

The Chair called for further comments. No further comments on Facet Neurotomy.

**7. Meeting adjourned.**